| Fill in this information to ident | ify your case:                                |   |
|-----------------------------------|---|---|
| Debtor 1 Rox                      | anne Ramos                                    |   |
| Debtor 2 Wilf (Spouse, if filing) | red Ramos                                     | _   |
| United States Bankruptcy Co       | urt for the: EASTERN DISTRICT OF PENNSYLVANIA |   |
| Case number 19-17188              | 3   | Check if this is:   |
| (If known)                        |   | ■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form 106                 | <u>81</u>                                     | MM / DD/ YYYY   |

## Official Form 1061

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|                    | Debtor 1   | Debtor 2 or non-filing spouse   |  |  |
|--------------------|--|---|--|--|
| Employment status  | ■ Employed   | ■ Employed  |  |  |
| Employment status  | ☐ Not employed   | ☐ Not employed  |  |  |
| Occupation         | Sterlie Processing Tech                                  |   |  |  |
| Employer's name    | Jefferson University Hospital                            | University of Pennyslvania<br>Hospital  |  |  |
| Employer's address | 601 Walnut Street<br>Suite 718<br>Philadelphia, PA 19106 | 3400 Spruce Street<br>Philadelphia, PA 19104  |  |  |
|                    | Employer's name  | Employment status  Not employed  Occupation  Sterlie Processing Tech  Employer's name  Jefferson University Hospital  Employer's address  601 Walnut Street Suite 718 |  |  |

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,692.77 4,520.96 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4.692.77 4,520.96

Official Form 106I Schedule I: Your Income page 1

| Debt<br>Debt |  | Roxanne Ramos<br>Wilfred Ramos   | _                                     |   | Cas      | se number ( <i>if known</i> )                                    | 19   | 9-17188  |  |
|--------------|--|--|---------------------------------------|---|----------|--|--|--|--|
|              |  |  |                                       |   | Fo       | or Debtor 1  |  | For Debtor 2 or non-filing spouse                    |  |
|              | Cop                                    | y line 4 here  | 4                                     |   | \$       | 4,692.77   | \$   |  | _  |
| _            |  |  |                                       |   | -        | ·  |  |  | _  |
| 5.           |  | all payroll deductions:  | _                                     |   | _        |  | _  | _  |  |
|              | 5a.                                    | Tax, Medicare, and Social Security deductions  |                                       | a.<br>'                                       | \$       | 1,265.29   | \$   |  | _  |
|              | 5b.                                    | Mandatory contributions for retirement plans   |                                       | b.  | \$       | 0.00   | \$   |  | _  |
|              | 5c.<br>5d.                             | Voluntary contributions for retirement plans Required repayments of retirement fund loans  |                                       | c.<br>d.                                      | \$<br>\$ | 255.98   | \$<br>\$   |  | _  |
|              | 5u.<br>5e.                             | Insurance  |                                       | u.<br>e.                                      | \$<br>\$ | 0.00   | φ<br>\$  |  | _  |
|              | 5f.                                    | Domestic support obligations   |                                       | f.  | \$       | 0.00   | \$   |  | _  |
|              | 5g.                                    | Union dues   |                                       | g.  | \$       | 0.00   | \$   |  |  |
|              | 5h.                                    | Other deductions. Specify: ADD   |                                       | h.+   | ٠.       | 9.25   | + \$   |  | _  |
|              |  | DC EE Match  |                                       |   | \$       | 0.00   | \$   |  | _  |
|              |  | Parking  |                                       |   | \$       | 0.00   | \$   |  | _  |
|              |  | Life - Dep/Spouse  |                                       |   | \$       | 7.34   | \$   | 4.68   | 3  |
|              |  | Short Term   |                                       |   | \$       | 0.00   | \$   | 25.19  | )  |
|              |  | Supp Life  |                                       |   | \$       | 0.00   | \$   | 11.59  | )  |
|              |  | LTD  |                                       |   | \$       | 8.92   | \$   |  | _  |
|              |  | Life   |                                       |   | \$       | 6.39   | \$   | 0.00   | <u></u>                                      |
| 6.           | Add                                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6                                     |   | \$       | 1,553.17   | \$   | 1,779.39   | <u>)                                    </u> |
| 7.           | Cal                                    | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7                                     | •   | \$       | 3,139.60   | \$   | 2,741.57   | <b>,</b><br>—                                |
|              | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:  Estimated tax refund  Social security from parent (dependent) | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>g.<br>h.+ | \$       | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>344.00<br>300.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 |  |
| 9.           | Add                                    | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9                                     | . [   | \$       | 644.00   | \$   | 0.0  | 0  |
| 10.          |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.                                   | \$_   |          | 3,783.60 + \$  |  | 2,741.57 = \$  | 6,525.17                                     |
| 11.          | Incli<br>othe<br>Do i                  | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:  | r dep                                 |   |          | •  | -  |  | 0.00   |
| 12.          |  | I the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certalies   |                                       |   |          |  |  |  | 6,525.17                                     |
|              |  |  |                                       |   |          |  |  | Combi  | inad   |

monthly income

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| Debtor 1<br>Debtor 2  |               |  | nber ( <i>if known</i> ) | 19-17188 |  |  |
|---|---------------|--|--------------------------|----------|--|--|
| 13. Do you expect an increase or decrease within the year after you file this form? |               |  |                          |          |  |  |
|   | No.           |  |                          |          |  |  |
|   | Yes. Explain: |  |                          |          |  |  |

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